

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	11/4/08	2 Serial/Patent #	091089789
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
			6 AMOUNT
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition	21	\$10 <sup>00</sup>
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:	
<input checked="" type="checkbox"/> No Fee Due (Explanation):  <i>No fee due withdrawn</i>		9	--
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		<i>Silcox</i>	
SIGNATURE:		<i>Silcox</i>	
OFFICE:		TITLE: <i>ATTY</i>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY. *****		PHONE: <i>305-9199</i>	
APPROVED: <i>Alma Hill</i>		DATE: 11/5/03	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B